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ABSTRACT

The manual covers the design and implementation of respite care services for families with developmentally disabled members. An introductory chapter examines the concept of respite care, notes the benefits for families, providers, and community residential programs, and places the service as one part of a comprehensive array of family support services. Ten models of respite care in use throughout the nation are described in chapter 2, including sitter/companion programs, day care centers, parent co-ops, and use of beds in an existing group home. Eight steps in planning such a program are delineated in chapter 3, from defining a manageable area of service to appointing a coordinator. Recruitment, training, and supervision of providers are examined in a fourth chapter while a fifth examines the relationship with consumers. Two final chapters address evaluation aspects and liability. A sample packet of information to be completed by parents or guardians is appended. (CL)

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GIVING FAMILIES A BREAK

Strategies for Respite Care

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Giving Families a Break:

Strategies for Respite Care

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Foreword

We parents need a breather now and then. For me, a breather can mean an hour alone at the grocery store, a quiet dinner for two, or a wonderful weekend away from it all. Occasionally we also need time out to give our undivided attention to a family crisis. When there is a "special" person in our home, some of our simplest daily activities can be difficult if not impossible.

A respite program can lessen the difficulties and erase the impossibilities if we, as parents, become involved in its development. We must share with the planners our families' needs, and our apprehensions. A program cannot be successful without this information. Our involvement can assure quality care for our children, and opportunities for renewal for ourselves and our families, including our "special" person.

Glenda Davis

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The Nebraska Respite Training Project

The Nebraska Respite Training Project sprung from a task force called by the Nebraska Governor's Planning Council for Developmental Disabilities. This task force met over the winter and spring of 1979 to study the needs of families in Nebraska. With the growth of community-based services, particularly education, many families have been asked or urged to keep their developmentally disabled children and adults at home. The Planning Council felt that it was high time to take a look at the impact on these families and to investigate what needs remained unmet. The task force found that many needs were not met and frequently not even addressed. Task Force members identified that the two most pressing needs for families were respite care and parent training.

Many advocacy and consumer agencies worked together on the task force. This group came to be known as the Nebraska Human Services Consortium. The Consortium members share common interests, support one another, and work together toward common goals.

The members of this Consortium are:

- Association for Retarded Citizens--Nebraska
- Easter Seal Society of Nebraska, Inc.
- League of Human Dignity
- Mental Retardation Association of America
- Nebraska Chapter, National Society for Autistic Children
- Nebraska Epilepsy League
- Parents and Friends of Children With Special Needs
- Pilot Parents, Greater Omaha Association for Retarded Citizens
- Spina Bifida Association of Nebraska

- United Cerebral Palsy of Nebraska
- Nebraska Association for Children with Learning Disabilities

To meet the training needs of families of handicapped persons, the Consortium requested that Meyer Children's Rehabilitation Institute of the University of Nebraska Medical Center develop two training programs.

These two programs are The Parent Family Training Project and The Respite Care Training Project; both concentrate on developing networks of service in Nebraska. Both are funded by the Nebraska Council for Developmental Disabilities. This manual describes the Respite Care Training Project.

The Nebraska Human Services Consortium serves as an advisory committee to both of these programs in addition to providing services to the programs.

The Statewide Respite Training Project is designed to:

- Identify agencies, parents, or advocacy groups throughout Nebraska who wish to develop respite programs in their area.
- Assist these agencies, parents, and advocacy groups with planning and design.
- Provide technical assistance for actual program organization, implementation, and evaluation.
- Assist in the recruitment and training of respite providers.
- Develop evaluation tools to monitor quality of service.

What this meant was much travel around the state, first locating parent and civic groups and then talking to them about the need for respite care and convincing them that they could start a program. Once they were convinced that they could do it, the rest was easy!

At the end of one year this project had provided technical assistance to expand the Respite Services provided by two previously existing programs operated by regional community-based mental retardation programs. We have also assisted in the birth and growth of six new programs operated by parent/advocacy groups.

As we enter our second year, we feel a growing momentum. More communities are aware of the need for respite care and are exploring the feasibility of operating a program. We expect to see more new programs born during this year as well. Plaudits are due to the many parent-leaders across Nebraska who have worked hard to make respite available in their community.

Goal

The challenge before us is to provide individualized and responsive supports to families who are caring for their developmentally disabled members at home. Respite care has been identified as a primary need of many of these families. This manual will illustrate program designs, procedures and techniques that can be used to develop and manage respite care services.

What Is Respite Care ?

Chapter 1

What Is Respite Care?

Respite care is a temporary rest from the daily challenge of caring for a family member who is developmentally disabled. Its aim is to serve and strengthen the family as a unit rather than only the single member identified as disabled. Respite care is designed to relieve families of the constant responsibility of caring for the developmentally disabled member(s) for a few hours, a weekend, or longer to allow parents and other family members to rest, relax, go out for an evening, take a vacation, tend to necessities of life, or deal with stress such as illness, hospitalization, job transfer, or moving. Respite care is not a frill. Time-off is essential to everyone's well-being and can prevent parents from becoming so stressed and fatigued that they can no longer cope with the needs of the disabled son or daughter.

Respite Services and the Family

All parents need time away from their children. Often it is difficult or impossible for parents of disabled sons or daughters to find willing and competent caretakers for their children. This can result in parents becoming isolated from the mainstream of life.

Far too often, usual social supports which provide respite or relief for most parents are not easily accessible for these families. For example, the severely disabled or autistic child does not always have a group of playmates or companions to engage and entertain him. Typically, this child is not invited for the traditional overnights or weekend visits

to friends or relatives. Similarly, the parents are unable to meet their own social needs and those of other family members because no competent willing substitute caretaker can be located. The resulting cycle of social deprivation places even more strain upon the family's emotional resources and eventually may lead parents, no matter how loving, to seek out-of-home, residential placement of the child.

Al is 17 years old and has been diagnosed as autistic. He has some unusual behaviors and frequently embarrasses his teenaged sister. Many of Al's mannerisms and activities are not age-appropriate. He is very repetitive and attention-seeking and frequently exhausts his family's patience.

Al's mother heard about a respite program from a friend. She arranged for Al to spend every Saturday with a respite family to give her and her husband some time with each other and with their daughter.

The respite family included a daughter, Cindy, who attended the same junior high school as Al - only she was in a "regular" class while he was in a "special" class. Cindy and Al developed a friendship and now when they meet in the hallway or cafeteria they stop and visit for a few minutes. Al's friendship with an attractive girl from the "regular" class has boosted his self-image and his social standing at school. He now is beginning to model more age-appropriate behaviors, and relations with his family have improved.

Respite Services and the Developmentally Disabled Person

Respite care on a regular basis allows the developmentally disabled person to develop ongoing relationships outside the family unit. This extension of social contact beyond the family is essential for normal development. The involvement of the developmentally delayed person exclusively with his family often sets the stage for problems - particularly for adolescents and young adults who have needs for emancipation. Spending time away is an event that should be anticipated and planned for.

If not arranged as a planned respite or social event, the disabled individual's first overnight experience will often occur during a family crisis. This is certainly not the optimum time for anyone's first out-of-home experience. Both the family and the respite provider will benefit from some planning and opportunity to become acquainted beforehand.

Susan H. is a 29-year-old woman who is mildly mentally retarded. Susan had not been enrolled in school after the age of 10 and had always lived with her parents. She was very isolated and overly dependent on her parents.

Susan's father died and her mother had a difficult time coping with her loss. Mrs. H. was abruptly hospitalized for chemical dependency during a holiday weekend. Fortunately, there was a respite group home in their community and Susan was quickly placed there. For Susan this was a difficult adjustment and she spent much of her time crying and pacing around the house. After several days, Susan began to interact with the people around her and through the advocacy of the respite staff was placed on a waiting list for a vocational training program.

When Susan's mother was discharged a month later, they both returned home. Six months later, Susan was attending the vocational program and her mother had arranged for her to spend one weekend per month with a respite family. Susan now looks forward to her "weekend away" and has become involved with a self-advocacy group. She has matured greatly in terms of behavior, appearance, and social skills. The respite program not only helped them through a period of crisis, but connected Susan with other available community resources.

Respite Services and the Provider

Respite care can also have a very positive impact on the respite providers themselves. Besides the opportunity to earn some income, many experience great satisfaction and personal growth through their work. Many providers feel that is is important for their own children to get to know persons with special abilities and needs.

Frequently, the developmentally disabled person's relationship with the provider extends to the friends, families, and neighbors of the provider. This personal contact increases the community's awareness and acceptance of persons with handicapping conditions.

> Mrs. Green was an active mother of four school-age children. She decided to become a respite provider and carefully explained to her family that they would be having a "guest" for the weekend--an 8-year-old boy named Steve, who was mentally retarded.
>
> Mrs. Green's son Joe was not too excited about the idea and figured he would hide out at the neighbors'.
>
> However, Steve was not to be left behind. He doggedly followed Joe around the neighborhood. Joe began to notice that Steve could do a lot of things and started to include him in his play. Over subsequent weekend visits, Joe and Steve became good friends. Joe now enjoys his status as Steve's "big brother" and looks forward to his visits.

Respite Services and the Community Residential Program

The benefits of respite services to a person who is disabled or to his family members are significant enough in and of themselves to justify the cost of respite services. Additionally, respite services can reduce the need for long-term services (group homes, institutions) in two related ways. First, the mere availability of respite services reduces the likelihood that a person with a temporary need will be placed into a long-term program. In the past, service systems have not effectively differentiated between short-term and long-term needs, as the system only operated long-term services. Thus, anyone entering the system, for whatever reason, was placed in the long-term service. Second, the provision of respite services to any individual or family over an extended period of time reduces the probability of that family's ever

needing long-term services. Over time, these dynamics will lead to a reduced demand for long-term service.

Furthermore, the availability of respite care, along with other essential family supports, can act as an incentive to families who desire to reintegrate members who have been previously placed outside the home. Such reintegration will create movement through the residential system and again decrease the demand for long-term services. Indeed, where these supports are available, residential services could be viewed as temporary - with the long-range goal being the reintegration of the family through intensive short-term residential training and long-term comprehensive supports to the family.

Generally respite care is designed to meet the following goals:

1. Reduce stress within the family.
2. Allow parents and family members to enjoy rest and relaxation.
3. Reduce social isolation of families.
4. Assist families through periods of stress and crisis such as illness, divorce, job transfer, move, birth of a new baby, etc.
5. Reduce a disabled person's dependency on the family.
6. Assist families who desire to reintegrate a family member who has been placed outside the home.
7. Reduce the probability that a disabled person would be placed outside of his or her own home.
8. Increase long-term family stability.
9. Reduce demand for long-term residential services.

A good respite program creates additional benefits, such as:

- Increasing public awareness and acceptance of developmentally disabled persons, and

• Offering persons in the community an opportunity to share and grow with developmentally disabled persons through their work as respite providers.

Respite Services as Part of a Comprehensive Array Of Family Support Services

Respite care is the support service most often identified as a priority by families. However, it should not be viewed as a panacea. Respite is only one of the services a family needs to sustain them. The needs of the developmentally disabled member and the rest of the family will change over time. Different types and intensities of supports are needed as the family grows and develops. For instance, families of newly diagnosed children usually need information regarding the handicapping condition and the availability of services, as well as emotional support to aid in their acceptance of and adjustment to the member's disability. Families of school-age children typically need advocacy and special training to help them teach their children necessary skills and appropriate behavior. Families of adolescents often need assistance to deal with the sexual, social, and recreational needs of their children. Families of adults need access to vocational services, and need to prepare their adult family member for eventual independence or move to a residential alternative. These are only a few illustrations of typical needs of families for comprehensive supports. If such supports exist, a family can use what they need and move onto the next stage of coping with and living with a member who is developmentally disabled. In the absence of such supports, many families disintegrate.

As communities plan for such an array of services, they should incorporate the following fundamental principles:

- normalization (age and culture appropriateness)
- developmental model (individualization and integration)
- human and legal rights (least restrictive environment, maximum growth environment)

Application of the principles in the development of a systematic array of services and resources for families with handicapped children should include several critical elements to insure recognition of family roles. Four of the critical components or cornerstones of a community array of services are:

COMPONENT (CORNERSTONE)	EXAMPLES OF APPLICATION
1. Meaningful consumer involvement	•consumer coalition •monitoring teams •consumer councils •parent support groups •personal self-advocacy
2. Generic agency development	•community orientation and education •traditional agency re-direction (e.g., foster care and adoption) •generic development and sponsorship of specialized programs (e.g., toy-libraries, homemaker-home health aid programs, Cooperative Extension Agents)
3. Legal framework	•legislation and financing •funding and regulatory mechanisms •systematic insurance and administrative procedures •standards and accreditation
4. Training	•formal personnel preparation and orientation •specialized skill training •community education and information programs •parent and sibling training

If a community does not include these four critical components when developing a service array, the service program developed will likely not survive the perennial funding questions or resolve typical programmatic barriers.*

For too long, human service agencies have relegated supports to families to dependence on "crumb" funds. Such services get whatever resources are left after the other services are funded. It is high time to set new priorities and start to provide the first and most intensive support to the natural family. The natural family is usually the most normalizing and least restrictive setting in which a child can live, grow, and develop. Oftentimes, family support services can be provided for a fraction of the cost of residential care. Parents should be encouraged and helped to remain responsible for their children. Agencies can do this by providing an array of supportive services that meet the needs of individual families.

* The preceding information on cornerstones was obtained from the Respite Services Community Development Project Center for the Development of Community Alternative Service Systems(CASS) DHEW/OHD Project Number 54-P-71363-7-01 - University of Nebraska Medical Center, 444 South 44th Street, Omaha, Nebraska 68105.

Models of Respite Care

Chapter 2
Models of Respite Care

In the last decade a number of respite models have evolved across the nation that have been innovative and successful in their efforts to support and sustain families. The models presented here illustrate the ways in which various organizations and communities have used available resources to respond to the needs of families.

Sitter/Companion Program

Sitter/Companion services are short-term, usually 10 hours or less. The service may be provided in the family's home or in the sitter/companion's home. A "sitter" is for a child, while a "companion" is for an adult. This type of service is especially good for families whose respite needs are planned. There are two types of sitter/companion programs.

1. Referral Sitter/Companion: Sponsoring a referral program is well within the scope of many community service organizations. The sponsoring organization recruits potential providers from the community and trains, interviews, and certifies them. Once the providers are certified, their names, addresses, and phone numbers are entered on a registry of qualified sitters/companions.

   Families in need of service may apply to be placed on a registry of enrolled families. They may be asked to pay a registration fee to help offset administrative expenses and are required to complete a questionnaire describing their family member's needs and abilities. Once registered, parents may call to request services and receive

a list of qualified sitter/companions in their area. From this list, parents choose a sitter/companion, call to make arrangements for services, and pay the provider directly. Some programs operate with sitter/companions who are volunteers and receive no payment for their services. However, most sitter/companions are paid at a rate somewhat higher than an untrained sitter would receive.

2. Agency Sitter/Companion: This program differs from the referral sitter/companion program in that the sponsor or agency assumes responsibility not only for recruitment and training but for selection and payment of providers as well.

Agency sitter/companions may or may not be employees of the agency. Often they are considered to be vendors of service and are paid by voucher. The parent is usually billed by the agency for a portion of the cost of the service. Some states require that an agency operating this kind of sitter/companion program have a child-placing license.

Home-Based Services

This model offers both parent training in a classroom situation and in-home respite workers. All parents need to learn how to teach their children new skills and help them develop appropriate social behaviors. Parents of children with developmental disabilities often need to learn special techniques to teach their children. Most parents can learn to apply the principles of behavior management and other training methods at home. Home-based services can prevent the need

for more intensive respite or other residential services. In conjunction with training, some parents need regular daily assistance with the care of their child. If so, an in-home respite worker may be assigned to provide such assistance.

The in-home respite worker is in an ideal position to demonstrate behavior management and skill training techniques. Being in the home with parents at regular intervals, the in-home respite worker can reinforce what the parent is learning in the training class. In addition, the in-home worker performs the routine tasks associated with the daily care of the developmentally disabled child. Frequently, the care of such a child places extraordinary demands on the parents' time and energy. In-home workers can alleviate parent burn-out by providing a portion of the day-to-day care. This may also allow parents to spend time with their other children.

In-home workers may be assigned temporarily to assist a family during a particularly difficult time such as parent illness, divorce, or implementation of behavior change program, or they may be assigned as an on-going support to that family.

It is very important that in-home workers respect the integrity and privacy of the family. Ideally, these workers should be directed by the goals and needs that are identified by the family, and although employed by some outside agency, will remain accountable and responsive to the family.

Day Care Center

Day care centers provide group supervision with an emphasis on

education and/or recreation. This is a reliable way to serve families who need respite care daily and is a very valuable service for a single parent, or for families with two working parents. These families frequently have difficulty arranging for day care for pre-school children, or before and after-school care for school-age children. A respite day care center may be operated as a cooperative effort with a generic day care center or with a private home day care operator. If so, any necessary supports and assistance (i.e. training) should be provided. Specialized or segregated day care centers have been operated as extensions of community mental health clinics.

Recreation Programs

Organized recreation programs provide a respite service by allowing the disabled person and the family to have time away from each other. They also provide an opportunity for a disabled person to lessen his or her dependence on the family by expanding the circle of friends and broadening his or her base of experience.

Such programs may offer activities such as bowling and swimming or may sponsor overnight excursions and camping. Some offer several weekend trips throughout the year or a week of camp during the summer holidays. Parents may then plan their vacations around the recreation program.

Parent Co-op

This is a small association of families who "trade" respite care with each other. Twelve families or fewer is considered optimal. The

parents train each other in the proper care of their own disabled family member. A paid or volunteer coordinator keeps track of the hours that are provided and received by each family, and families are expected to "balance" their account at the co-op by providing as much care as they receive.

Co-op members meet once a month to share experiences and get better acquainted with each other as well as their disabled family members. The coordinator receives requests for services and makes the arrangements for a disabled person to stay with another family in the co-op. The coordinator also acts as a back-up in case of illness or emergency on the part of the co-op family who is providing respite care. Those interested in starting a cooperative may contact Family and Children's Services, 1608 Lake Street, Kalamazoo, Michigan 49001 for a Parent Cooperative Handbook and Manual.

Extend-a-Family

Extend-a-Family was started by a group of parents who wanted a program to meet their need for respite care, and to provide normal social experiences for their children within the community. To accomplish these goals, interested families ("host families") are sought in the community to provide short-term care in their own homes for handicapped children. Host families may be a couple with children, a single parent family, a childless couple, a single person, or a teenager. A natural family (one with a handicapped child) is carefully matched with a host family according to the needs of the handicapped child and his family. Some children require a great deal of physical care and supervision,

while others only need the benefit of friendships with others besides their own siblings. Each relationship is unique and personal. Before regular visiting commences, there is a period of orientation. During this time the parents of the handicapped child visit with the host family, introducing their child to the hosts and to the new home. An atmosphere of mutual trust and friendship fosters an attitude of personal caring for the handicapped child. When both families feel ready, the child begins to visit on her or his own.

The host family commits itself to as much time as they wish up to a maximum of 30 days per year. Any amount of time is considered valuable. In some groups the natural family pays to the host family a fee of $1 per hour up to $10 per 24-hour period.

An underlying principle of Extend-a-Family is that every child, regardless of the degree or type of handicap, is accepted in the program. The goal is to make this a community service available to all developmentally handicapped children and to prevent the frustration of being turned away by "yet another program" because a child does not fit the criteria for service. It may be difficult to find a host family for some children, but it is important to welcome all and to make a commitment to try and match with an appropriate host family any child who joins the program. A service which is all-inclusive also gives parents the opportunity to meet and work with other community members whose children are different from their own and lessens the duplication of services. Much learning and sharing can occur among parents who have previously been separated into different groups oriented to specific disabilities, such as retardation, physical handicaps, etc. In this

way, parents become better acquainted with the composition of their own neighborhood. Some Extend-a-Family programs also meet the needs of adults and those living in institutions. The important point is to define the service by age or geographic location if necessary, not by a particular handicapping condition.

The area served by an Extend-a-Family program is preferably kept small and local to encourage the integration of handicapped children into their own community. When children are bused in and out of their neighborhood for school and recreation or attend segregated classes, they often remain strangers on their own street. Extend-a-Family attempts to reduce this alienation by finding host families within the children's own locality.

An Extend-a-Family program benefits the members of a host family and the community at large. Those involved speak about the value to their children of learning to accept another who appears different, of seeing fear and hesitancy vanish as friendships develop, of having life enriched by the presence of one whose life is often different than one's own.

Those interested in starting an Extend-a-Family program in their community may contact the Extend-a-Family originators at Box 122, Postal Station K, Toronto, Ontario, Canada, for more information.

Respite Home or Family

Here a trained respite worker provides a temporary foster home. These out-of-home services are most appropriate for persons who need to be served outside their home environment, those who need care for

a weekend or longer, or those who need emergency care. For example, if a family is unduly stressed by a behavior problem, it may be beneficial to remove the member displaying the behavior problem for a while to allow a "cooling off" period. Other families may simply want to enjoy their respite time in their own home while the disabled member is away.

An agency may contract with respite homes to be available for emergency requests. Such a contract will allow a program to respond immediately to urgent requests for services. Medically trained personnel, such as LPN's, may be recruited to provide out-of-home care for those who have special medical needs.

In some areas, respite homes or families who are providing care for more than one child must be licensed as foster care homes, and must be willing to allow regular inspection of their homes. Check with the appropriate state agency for information regarding your state's standards for licensure.

Community Residences

One or two beds at an existing group home may be reserved for respite clients. Because this is relatively inexpensive, it is a tempting solution to respite care needs.

However, such a plan does have some serious drawbacks. First, the respite client usually must meet some compatibility criteria such as age, sex, or type or degree of handicap. Second, experience has proven that the provision of respite services in a group home can be very disruptive to people who regularly live in the home. For some people,

it may be agitating or threatening and can lead to relationship problems or petty jealousies. This is particularly true for group homes which have new members or which have just recently opened, but it is also true of many well-established group homes. Thus, respite care in any existing group home can constitute an intrusion into the privacy and routines of the residents. Third, a respite client who is actually going through a crisis probably will not receive the attention he needs from what is usually an already fully extended group home staff. In some instances, the person may even be ignored or treated unfairly due to the predisposition of staff toward the regular group home members. Thus, not only is the service disruptive for the household, but it may offer the respite client little more than a place to stay.

Clearly there are exceptions to these drawbacks. At times, respite clients will fit right in and may even develop friendships with the group home residents. Careful selection of respite consumers will result in fewer problems. Of course this means that many individuals will not receive services if this is the only respite alternative.

Group homes should be used only in instances where other, more individualized services cannot be found. In this way, they can be used as a back-up to other services. Where significant effort is put into the recruitment and training of competent providers, service areas should be able to satisfy most of their respite needs without using community residences. In most instances the staff working in a group home are no better educated or trained than a well-prepared respite provider.

Specialized Respite Group Home

A respite group home is designed exclusively to provide respite care. Although not widely used, the specialized group home model serves the small percentage of individuals who have serious behavior or medical problems. Frequently, persons who are medically fragile, who are dangerous to themselves or others, or who are destructive of property cannot be served by a sitter/companion or respite home. They need placement in a specialized facility that can provide more staff and more structure to deal with their unique problems. A respite program that has such a specialized facility in addition to in-home and/or out-of-home providers should be able to serve almost any of the handicapped persons who are living in their community. Without such a facility, the parents who need respite care the most may be the very ones who do not receive it.

Disadvantages of the respite group home model usually revolve around costs. In respite group homes, space should be reserved for emergency respite care, and this means paying for space that is often unused. However, if all space is regularly filled, then there will be no capacity to respond to real emergencies. In addition, there is a tendency for such programs to become filled with medium-to-long stay clients who are awaiting the opening of a more permanent type of residential placement. This might happen when a parent dies, a family disintegrates, or another program "dumps" a client into this program. Under these circumstances, a respite group home can quickly become a pre-residential group home.

Another disadvantage of this model is its centralization. In a large geographical area, arranging transportation to and from day programs is difficult if there is only one centralized location.

The respite group home can be effective provided that entrance and exit criteria are well defined and respected and that it is supplemented by in-home or out-of-home respite providers.

Institutional Respite

In some areas of the country, regional centers or other public or private large residential facilities provide respite care to developmentally disabled persons who are living in the communities with their families. In cases where consumers have unusual medical needs or severe behavior problems, this may be the most appropriate or only available resource. However, use of institutions for respite generally results from a lack of development of community options and suffers from all of the disadvantages described under "community residences" respite. Additional disadvantages include the tremendous adjustment required by the individual to adapt to an institutional setting, a complicated and lengthy application procedure, and disruption of the person's attendance at his regular school or vocational program.

*****

These models represent the best of current efforts to provide support to families who need relief from the daily care of their disabled son or daughter. These programs vary widely in their scope and costs. Some lend themselves to sponsorship by a parent or advocacy organization, while others require the resources of a human services agency to fund and administer. Many communities find that a combination of different models will best meet the needs of their families.

The Respite System

Chapter 3

The Respite System

No two respite programs are the same. The foundations of each program are the needs of its participants and the resources which can be marshaled for it. However, anyone seeking to establish a new respite program can gain from the experiences of those who have already been successful. This chapter and the following chapters present ideas and methods of establishing and operating a respite system. These methods have been shown to be effective. Any group or individual developing a new system can readily adapt the ideas to their local situation.

Various kinds of groups may be the moving force behind establishment of a respite program. For instance, a program may be organized by:

- an advocacy group, such as United Cerebral Palsy or an Association for Retarded Citizens,
- a community service organization, such as a church, women's league, or service club,
- a human service organization, such as a community-based mental retardation program or public health Agency,
- or a coalition of any or all of these types of groups.

Several preliminary planning steps must be taken in forming a new system. Individuals or organizations should be identified as leaders for the effort. Then in most cases, it is necessary to:

1. Define a manageable area of service
2. Survey the needs and resources of your community
3. Explore the use of generic agencies
4. Formalize consumer and public participation

5. Establish policies
6. Secure funding for the program
7. Set fees for respite care
8. Appoint a coordinator

1. Define a Manageable Area of Service

Respite is a highly unpredictable service. It is difficult to anticipate what kinds of services will be needed, how long they will be needed, and how much demand will occur at any one time. Respite service also must be able to respond quickly and sensitively to families' needs.

To meet these criteria, it is essential to define a manageable area, or territory, in which the service will be provided. In a manageable area, the coordinator can become familiar with the families and the providers, and families will receive services within their own neighborhood or locale. An overly large area can result in a depersonalized and unmanageable service.

2. Survey the Needs and Resources of Your Community

A thorough needs survey is valuable in planning the type of respite program that will best meet the needs of your community. In surveying potential consumers, it is important to determine the number of families who need service, the type of service preferred (in or outside the home), and the anticipated amount of service. Parents may be surveyed by mail, by phone, or while at a meeting. Figure 1 is an example of a questionnaire and cover letter which have been used in a survey of parents.

Figure 1

Dear Parents and Guardians:

As you well know, parents and guardians of children and adults with a developmental disability such as mental retardation, epilepsy, cerebral palsy or autism often get more than their share of stress, wear and tear. Yet, these are the parents who often have a really difficult time finding a reliable sitter, companion, friend or relative who can give them a break from the daily challenge of caring for a disabled family member.

The Statewide Respite Training Project and Region IV Office of Developmental Disabilities are working together to develop respite services in your community. We hope to develop a system whereby parents are referred to other parents or to specially trained respite providers who can give them some time off.

We want and need your input to design a program that you will support and use. Please take the time to complete and return the attached survey.

Figure 1

Parent Questionnaire

Nebraska Developmental Disabilities Council

Statewide Respite Training Project

Respite care means "time off" for parents who are caring for a handicapped family member. Respite means that your son or daughter is cared for by a concerned, well-trained respite provider while you relax, go shopping, attend a meeting, visit a friend, go out for dinner, take a weekend trip or take care of yourself in some other way.

If you have a son or daughter or other family member living with you who may be developmentally disabled, (mental retardation, epilepsy, cerebral palsy, spina bifida, and other conditions), please complete and return this survey.

1. What do you do when you need to leave your son/daughter with someone?

   I leave my son/daughter with: (check all that apply)
   _____ Relatives
   _____ Neighbors or friends
   _____ Residential facility
   _____ Foster care home
   _____ Sitters
   _____ Other (please specify)_____

2. It is difficult to leave my son/daughter with anyone because:
   (check all that apply)
   _____ I have not found anyone willing to stay with him/her.
   _____ I have not found anyone qualified.
   _____ My son/daughter has too many problems.
   _____ My husband/wife does not allow it.
   _____ I cannot afford it.
   _____ Other (please specify)_____

3. Please mark how you feel about the following services:
   (if they were available)

	Needed	Not Needed	Uncertain Need More Info.
a. Trained person to come into my home to provide sitter/companion care (occasional short term relief)	_____	_____	_____
b. Temporary out-of-home sitter care services (less than 24 hrs.)	_____	_____	_____
c. Temporary out-of-home living arrangement at a facility (1 to 14 days)	_____	_____	_____
d. A family or individual who would act as an extended family or friend to my disabled son/daughter	_____	_____	_____

e. Parent cooperative (trade sitting services with another parent) _____ _____ _____

4. Would you use these parent relief services if they were available?

_____ Yes _____ Uncertain, need more information
_____ No

5. When would you be most likely to use/need parent relief services?

_____ Evenings
_____ Weekends
_____ Weekdays
_____ Holidays
_____ Vacations
_____ Summer
_____ Crisis(funeral,medical emergency, etc.)
_____ Before & After School

6. Approximately how many days each month would you use parent relief services?

_____ Less than one day
_____ 1-3 days
_____ 4-7 days
_____ 7-14 days
_____ More (please specify)_____

7. Approximately how many hours each day would you use/need these services?

_____ Less than 4 hours
_____ 4-9 hours
_____ More than 9 hours

8. How do you feel these services should be paid for?

_____ I should pay for this service. What is an affordable rate for you to pay per hour?_____ per day?_____
_____ A public agency should pay
_____ I should pay, with some help from a public agency
_____ Other (please specify)_____

9. Check any of the following that would make it difficult for you to use these services if they were available: (Check all answers that apply)

_____ Cost
_____ Transportation
_____ Family schedules
_____ Lack of confidence in programs
_____ Other (please specify)_____

10. Disabled son/daughter/family member's

_____ Age
_____ Sex

11. Does your son or daughter have one of the following disabilities? (please check all answers that apply)

_____ Mental Retardation
_____ Epilepsy
_____ Cerebral Palsy/Orthopedic handicap
_____ Autism
_____ Emotional disturbance
_____ Spina Bifida
_____ Other physical or neurological impairments, describe_____
_____
_____ Behavior Disorder
_____ Not toilet trained
_____ Non-verbal
_____ Non-ambulatory
_____ Visually impaired
_____ Hearing impaired
_____ Medically at-risk
_____ Other (please specify)_____

12. Which sentence best describes your present family situation?

_____ Both parents living in the home
_____ Both parents caring for son/daughter but living in separate homes
_____ Single parent with sole responsibility for caring for son/daughter
_____ Single parent but receiving help from friends, neighbors or relatives in caring for son/daughter
_____ Child/Adult not living in home

13. Please indicate the ages of other children or dependents living in your home.

_____ _____ _____ _____ _____ _____

14. Please add your comments or suggestions about parent relief:

_____

_____

_____

_____

_____

_____

_____

This survey was adopted from one published by Community Alternative Service Systems (CASS).

Generic agencies are those who provide services to the community at large. Those generic agencies who serve families should also be surveyed to prevent duplication of services and to identify all existing resources that your program might tap into. A sample questionnaire for agencies is presented in Figure 2.

Figure 2

Agency Questionnaire

1. Does your agency provide any type of parent relief (in or out-of-home short-term relief, not day developmental centers) for families with developmentally disabled children? Yes____ No____
   If so, please describe type of service offered_____
   _____
   _____

2. Has your agency received requests for parent relief services?
   Yes ____ No ____
   If so, approximate number annually. _____.

3. If a comprehensive parent relief system were available, please indicate the types of services which you believe would be needed and the approximate number of your clients who might use such a service.

	Need Service (check)	Number of Clients
a. Sitter/Companion service, occasional short-term in-home relief	____	____
b. In-home support worker (specify no. of hours per week)	____	____
c. Temporary out-of-home sitter	____	____
d. Temporary out-of-home placement (not to exceed 30 days)	____	____
e. Crisis and sanctuary (out-of-home placement)	____	____

4. Who should pay for these services?

	Parent	Private/Public Funds	Both
a. In-home sitter/companion	____	____	____
b. In-home worker	____	____	____
c. Out-of-home sitter	____	____	____
d. Temporary placement	____	____	____
e. Crisis and sanctuary	____	____	____

5. Would your agency be willing to assist us in the recruitment and referral of families? Yes_____ No_____
   in recruitment of providers? Yes_____ No_____

6. Approximately what percentage of your clients are families with developmentally disabled individuals?_____%

Please add any comments:

3. Explore the Use of Generic Agencies

Some generic agencies do provide temporary shelter or sitter care to children and may be willing to extend their services to persons with developmental disabilities, if they are offered appropriate supports, training, and resources.

> The Kansas Children's Service League (KCSL) was a private child care agency involved in adoption and foster care services, parent/family education and counseling, and other related family services. This generic agency received a request from the Topeka Association for Retarded Citizens to develop respite care services for families of children who were mentally retarded. The KCSL responded by recruiting temporary foster homes for these special needs children. The Topeka ARC continued to support this program by providing the additional specialized training needed to prepare these foster homes to care for children with mental retardation, while the KCSL incorporated this service into the array of services that they offer to all families.

4. Formalize Consumer and Public Participation

To strengthen ties with generic agencies and other community organizations and to insure that a respite program remains attuned to the needs of disabled persons and their families, it is essential that a respite program involve consumers and other members of the community in an advisory capacity.

An advisory committee can do a lot to maintain the involvement and support of parents when it is given specific methods of providing input and the opportunity to evaluate the quality of services through site visits, spot checks, and written evaluations.

5. Establish Policies

Respite program policies need to have some flexibility due to the low predictability of demand and highly variable needs of individual families. However, policies should be formulated to give the consumers and the rest of the community some idea of program guidelines. Policies should address the issues of philosophy and purpose of respite care, criteria for receiving service, types of service available, application procedures, entry and exit criteria, maximum amount and length of service, priority for receiving services, fees for services and method of payment for providers, appeal procedures, evaluation process, and responsibilities of parents, providers and sponsoring agency.

6. Secure Funding for the Program

Each community has to decide on the various mechanisms for securing funds to initiate and continue the Respite Care programs. In Nebraska, for example, some of the possible funding sources that a sponsoring agency could consider are:

Nebraska Developmental Disabilities Council - Federal monies are available each year to the Developmental Disabilities Council to fund program "gaps" for developmentally disabled persons. Nebraska's Developmental Disability Council receives a very small amount (approximately $200,000 per year) for the entire state, and the monies are normally given for only one year. This source can be used to start up innovative programs, but generally cannot be used to provide ongoing support of a program.

State Mental Retardation Regional Programs - Two of Nebraska's six mental retardation regions (Region V and Region VI) currently support respite care programs through Title XX monies and parent fees. The State Mental Retardation Programs can serve only persons who have mental retardation.

County Funds - Some counties have funds that can be used for programs for disabled persons. Check with your county governing boards.

Foundations - Some foundations fund programs for disabled persons. You can review the book, The Foundation Directory, which is available at most libraries. This book lists all foundations and gives information on how to apply for foundation monies.

Consumer Organizations - Sometimes local consumer groups, such as Associations for Retarded Citizens, Associations for Children with Learning Disabilities, Epilepsy Leagues, United Cerebral Palsy Associations, Associations for Autistic Children, etc., have funds which can be used to support local respite care programs.

Civic and Service Clubs - Local civic and service clubs such as the Elks, Lions, Chamber of Commerce, Jaycees, League of Women Voters, Kiwanis, etc., frequently raise funds to help a project in their community. Don't be afraid to approach groups like this after you have developed your plan. You will never know if you could get monies from these groups unless you ask!

Churches - Churches in some communities have available money they can use to support worthwhile projects. Again, you'll never know until you ask.

Businesses - Many businesses donate a portion of their net profit each year to charitable organizations, both to help organizations and to receive a tax break. Tell them you would like to be their tax break.

Hospitals - One private hospital in a medium-sized city was looking for a community outreach health-related program. They decided to sponsor a respite program by providing an office, telephone, and training rooms and equipment.

The United Way and Other Fund-Raising Campaigns - They may be persuaded to give you partial funding.

Fund-Raising Activities - With imagination, organization, volunteer help and publicity, any group can raise some funds through such activities as bake sales, garage sales, "thons" of various types (skate, read, bike, run, do-your-own-thing, etc.). The more people you can involve in fund raising activities, the more successful the event will be.

7. Set Fees for Respite Care

Determination of fees for a respite care program will depend on what model of care is selected. It is possible to provide low-cost, quality services by enlisting the participation of students and volunteers. Some models described in Chapter 2, such as the Parent Cooperative, involve no fees for service. Other models, such as the Sitter/Companion, do require a fee. The amount of this fee will vary from community to community, but is usually slightly higher than the going rate for an untrained sitter. Typical rates range from $1.50 to $3.00 per hour, $15 - $25 per day and $90 - $100 per week.

The respite care worker is usually paid directly by the family at the completion of the care. Some programs offer subsidies to help families pay the respite provider. Figure 3 shows an example of a plan for subsidizing care.

Where respite care includes normal or handicapped siblings, the established fee schedule should be adjusted. For example, charges might be 50 cents an hour or $5 for 24 hours for each additional child.

Some respite care programs charge a one-time registration fee of $10 - $15, which is requested from the family when the handicapped individual is enrolled. This fee helps to offset the cost of postage and other administrative costs. It is also viewed as a small way to commit the family to the respite care program. If the family is not able to pay the registration fee, it may be waived.

Figure 3

PLAN FOR SUBSIDIZING THE COST OF RESPITE CARE

Respite care should be available to all parents of developmentally disabled children. Some parents will need financial assistance to use this service. Any financial assistance should be provided in a manner that is fair, accountable, and protective of the parents' privacy.

One method of subsidy is the coupon plan. Under this plan, parents purchase coupons worth one hour of respite care from the sponsoring agency. The cost of these coupons is lower than the actual cost of care. Cost may be determined by use of a sliding scale. The agency may set a ceiling on the number of coupons that any one family could purchase. Allowing parents to purchase coupons on a monthly basis helps them to budget their use of respite care wisely.

Once parents have purchased their respite coupons, they use them to pay their respite providers. Providers then "cash in" their coupons to the agency and receive a check for the actual value of the care they have given.

Figure 3

APPLICATION FOR SUBSIDIZED RESPITE CARE

Parent/Guardian Name_____

Address_____

Phone_____

Name of disabled family member _____Age _____

The financial information below will be used only to determine the amount of subsidy from a sliding scale and will be kept confidential.

- Name of husband's employer_____

  Gross income (before taxes)_____

- Name of wife's employer_____

  Gross income (before taxes)_____

- Other income_____ Describe_____

- Number of dependents_____

Please attach a copy of your last year's Federal Income Tax Return for verification.

_____ _____
Signature Date

50

Figure 3

PARENT ORDER FORM FOR RESPITE CARE COUPONS

Name_____

Address_____Phone_____

Name of Disabled Family Member_____

Your Coupon Rate is $_____

You may order_____coupons for _____ (name of month)
I wish to order _____coupons
Number of coupons ordered_____ x $_____ (coupon rate)

= $_____ (amount now due)

Check enclosed for $_____

RESPITE CARE COUPON

WORTH ONE HOUR OF RESPITE CARE

Redeem at: _____

_____

_____

Parent's Signature_____

Issue No. 1007

8. Appoint a Coordinator

A respite program of any size needs a designated coordinator. This person is responsible for recruiting, training, and selecting providers, enrolling families to use the services, making referrals, and monitoring the quality of services.

The coordinator may be a paid part-time position or a volunteer. Several of our coordinators are parents of handicapped children. A volunteer coordinatorship may rotate between 2 or 3 persons who share the job.

In Figure 4 is a sample Job Description for a coordinator. Figure 5 presents an outline of questions that might be asked when potential coordinators are interviewed. Figure 6 is a suggested Selection Matrix form which can be completed by interviewers and reviewed by those who will appoint the coordinator.

Figure 4

JOB DESCRIPTION

RESPITE CARE COORDINATOR

Job Summary

The Respite Care Coordinator is responsible for developing, implementing and monitoring respite services for the families in their area. Responsibilities include publicity, community outreach, recruitment and training of providers, matching/referring providers to families, monitoring quality of service and budget control.

Needed Skills, Abilities and Knowledge

Persons seeking this position should be able to read, write and communicate clearly. They must be able to schedule their own time efficiently and have a genuine interest in working with the parents of developmentally disabled children.

Particularly useful skills are:

--awareness of community resources
--knowledge of needs of persons with developmental disabilities
--knowledge of needs of families of members with developmental disabilities
--community organization
--public speaking
--writing
--interviewing and supervision of personnel
--staff training
--budgeting
--program development and planning
--record keeping

Major Responsibilities

1. Assess existing community resources to identify existing temporary family supports. Identify contact persons in other agencies and advocacy or consumer groups and keep them updated on your program's activities. Encourage sharing and exchange of resources, information and referrals. Research, organize and disseminate information on existing community resources to parents upon request.

2. Launch a community outreach effort to recruit providers. Make use of personal presentations and articles as well as distribution of posters and flyers to groups such as local colleges and universities, vocational schools, volunteer bureaus, professional organizations, community organizations, civic clubs, churches and retirees. Utilize local media.

Figure 4

3. Launch a community outreach effort to inform and enroll parents. Use strategy similar to recruitment of providers as well as outreach to parent, consumer and advocacy groups, schools, clinics, and vocational centers that serve the disabled.

4. Select or prepare a training curriculum for providers. Organize a training workshop and practicum for all providers.

5. Establish a screening procedure and criteria to select providers utilizing:
   a) Completion of training
   b) Completion of practicum
   c) Examination
   d) Letters of reference
   e) Personal interview

6. Establish program guidelines and procedures for parents and providers.

7. Create a method for parents to specify care needs of disabled family member to the provider.

8. Inform parents of availability of service. Train parents in program procedures and in their rights and responsibilities.

9. Match providers to parents requesting service. Coordinate scheduling.

10. Document demand for and utilization of service.

11. Develop evaluation tools for parents, consumers and respite care workers. Monitor quality of service by review of evaluation tool. "Troubleshoot" identified problems.

12. Develop relationship with local colleges and universities whereby students can receive class credit or work study funding for providing respite care.

Figure 5

OUTLINE FOR STRUCTURED INTERVIEW - COORDINATOR

TOPIC	POSSIBLE QUESTIONS
1. Overview of agency providing respite care services.	1. Interviewer describes agency and outlines structure of the respite care program: Philosophy, purpose, training, responsibilities, etc.
2. Interest in respite care coordinator position.	1. What about the job do you think you would like? 2. What about the job would you not like? 3. Why do you want the job?
3. Previous experience with handicapped persons.	1. Have you known of, or worked with, any persons who were handicapped? 2. If yes, describe your experiences with them -- positive and negative.
4. Attitudes towards individuals who are developmentally disabled.	1. What can disabled persons do to contribute to a better society? 2. Should disabled children be integrated with normal children in schools? 3. What can a severely disabled person learn? What should we teach them? 4. If the government had an unlimited amount of money, how would that money best be spent to help disabled persons?
5. Knowledge of needs of families of developmentally disabled children	1. What supports do you think a family needs to keep a developmentally disabled child at home? 2. How can these supports be best provided to the family?
6. Ability to handle stressful situations.	1. What signs do you look for to tell you are being affected by stress? 2. What situations are likely to cause you stress? 3. What can you do to protect yourself from stress?

Figure 5

TOPIC	POSSIBLE QUESTIONS
7. Ability to solve problems.	1. How do you go about solving a problem you have? (You may wish to make up a situational problem involving a conflict between parent and provider and see how applicant resolves problem)
8. Ideas on motivation and discipline.	1. How would you motivate providers to do a good job? 2. How would you correct a provider who was not doing what they were supposed to? 3. How would you reward providers for doing a good job? 4. How would you evaluate a provider's performance?
9. Previous supervisory experience.	1. Have you ever supervised people before? 2. If yes, describe your experience 3. What do you think is the most important responsibility of a supervisor?
10. Career plans and professional values.	1. What caused you to become interested in a human service position? 2. How do you see this position fitting in with your career plans? 3. What do you want to do when you grow up? 4. How much time would you be willing to commit to staying in this position? 5. What is the most creative job or job task you ever had?
11. Ability to work in unstructured position.	1. What do you see as some potential advantages/disadvantages of an unstructured job, knowing your own strengths and needs? 2. What kind of supervision do you operate best under? 3. How do you know whether or not you're doing a good job? 4. Are you able to be flexible about when in the day/week you can work? Are you able to accept on-call duty?

Figure 6

COORDINATOR SELECTION MATRIX

Score each item by circling a number between 1 and 5

1. Interview date:_____

   Name of Applicant:_____

   Name of Interviewer:_____

---

2. Interest in position

   Score_____ 1 2 3 4 5
   weak interest strong interest

---

3. Previous experience with handicapped persons

   Score_____ 1 2 3 4 5
   little experience & interaction extensive exp. & interaction

---

4. Attitude towards individuals who are developmentally disabled

   Score_____ 1 2 3 4 5
   views them as different views them as similar to self

---

5. Knowledge of needs of families of developmentally disabled children

   Score_____ 1 2 3 4 5
   Identifies no needs identifies many needs

Coordinator Selection Matrix (page 2) Figure 6

6. Ability to handle stressful situations

Score_____ 1 2 3 4 5
Identifies no signs or methods — Identifies many signs & methods

---

7. Ability to solve problems

Score_____ 1 2 3 4 5
No coping mechanism — Good array of problem solving techniques

---

8. Ideas on motivation and discipline

Score_____ 1 2 3 4 5
No ideas or negative ideas — Many positive ideas

---

9. Previous supervisory experience

Score_____ 1 2 3 4 5
No experience or all negative experience — Extensive experiences - mostly positive

---

10. Career plans and professional values

Score_____ 1 2 3 4 5
Position not compatible with — Position very compatible with

Figure 6

Coordinator Selection Matrix (page 3)

11. Ability to work in an unstructured position

Score_____

1	2	3	4	5
Rigid, needs much supervision			Flexible, able to motivate self	

---

12. Professional education. Related fields include special education, social work, psychology, sociology, human development, counseling, theology or education

Score_____

1	2	3	4	5
No related education		Some related education		Degree in related field

TOTAL SCORE_____

Respite Providers

Chapter 4

Respite Providers

Respite providers come from all walks of life. They may be students or retired people, parents or single persons, professionals or lay persons. They have in common a desire to share their time and energy with a person who is developmentally disabled. Any respite program is only as good as its providers. Programs must actively recruit, carefully screen, evaluate, and train their providers, and give them on-going support.

Recruitment

Recruiting qualified and responsible respite care providers is crucial to the effectiveness of your respite care program.

A broad-based recruitment effort uses several different techniques. Experience will show you which techniques are effective in your community. You may wish to ask applicants how they heard about the respite care program to determine the most successful recruiting techniques.

Below, several recruiting techniques are described.

- Radio and Television

  Many radio and TV stations have talk shows which cover community-oriented issues. A representative of your respite program could tell your story there. Before the talk show, it is a good idea to outline the information you wish to cover and to suggest questions the interviewer can use.

  Public service announcements (PSA's) are another form of radio and television publicity. PSA's are 30 or 60 second announcements

offered as a free service by broadcast stations. PSA's expose a large audience to the respite care program, and for a small commitment of effort and time. Contact the broadcasters in your community before you prepare your PSA's, to find out what their procedures are. Most radio stations require only that you send typewritten copies of your messages for their announcers to read. (Samples are shown in Figure 7.) Television PSA's are more difficult, because of the need for visuals to accompany the spoken message. To save time and money, always find out specifically what the TV station needs before you begin production of a television PSA.

- Newspapers

Classified ads can be used to attract initial attention of respite care providers. One example is:

> Wanted--caring persons age 16 and older to become sitter/companions for children and adults with developmental disabilities (cerebral palsy, autism, epilepsy, and mental retardation). We will train you to develop special care skills. To enroll call Association for Retarded Citizens of Omaha, 348-9220.

Another way to use the newspaper is to talk to a news reporter, describing your program. Ask the reporter to include a request for respite care providers in a newspaper article. Give the names of parents in the community who are willing to be interviewed to tell their story and explain their need for respite care.

Figure 7

Radio Public Service Announcement

30 seconds

All parents sometimes need a break. But for parents of children with handicaps, it's often hard to get away for even a short time, because there's no one to stay with the handicapped child. The North Platte Respite Program is trying to help, and you can be a part of that effort. If you're interested in learning how to be a sitter or companion to a person with a handicap, call 555-1234 for more information. Give yourself a lift--and give the families a break.

60 seconds

Sometimes Mom and Dad need a break. They want to go out to a movie, or they need time to conduct family business so they call a sitter for the kids. But for parents of a child with handicaps, it's not that easy. Often they urgently need to get away, but there's no one to care for the child.

You can be a part of the North Platte Respite Program's efforts to give these families a break. You could earn a little money, and at the same time give yourself the lift that comes from helping and knowing these very special people. If you're interested, plan to attend the training program July 11 and 12 at the Nebraska Public Service Building. There you will learn more about becoming a sitter or companion to someone with a handicap. If you're interested, call 555-1234 to register. Give someone a break, and give yourself a lift.

- Brochures, Posters, Flyers, Letters

  Well laid-out brochures, posters, flyers, and letters can be effective in your recruitment strategy. They can be inexpensively made and duplicated. Sometimes, it is possible to get a company or business to print your brochures, flyers, and letters as a donation. For your flyers and brochures, minimize the text, make your message clear, use a catchy heading, and include a contact's name and telephone number to be called for more information. Your printed materials can announce your training session. Figure 8 is an example of a simple flyer published by one respite care program.

  Potential audiences for your letters, posters, flyers, and brochures include churches, colleges and schools, shopping centers, social service agencies, service clubs, and civic organizations.

The preceding three recruitment strategies are either free or relatively inexpensive and give your program exposure to a large number of people. However, they do not allow opportunities for people to ask questions and for you to share experiences. The next two strategies do permit personal contact with your audience.

- Public Speaking

  Many service groups (Kiwanis, Chambers of Commerce, Lions, Elks, Women's Clubs, etc.), college and high school classes, social service agencies, and churches will let you speak to them about recruiting respite care providers. An advantage of public speaking is that you can tailor your information to the specific audience.

Figure 8

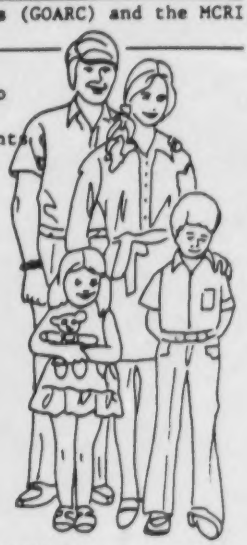
RESPITE CARE TRAINING PROGRAM

Sponsored by: The Greater Omaha Association for Retarded Citizens (GOARC) and the MCRI Statewide Respite Training Project

WHEN: July 27, 28, 29, 30 7-10 p.m.

WHERE: Meyer Children's Rehabilitation Institute - 444 South 44th St. Room 1020 - Omaha, Nebraska 68131

COST: Free, babysitting is also available at this site for participants' children



Respite means to take a break. All parents need an occasional break from their children to relax, attend to business or personal needs. Getting this time off can be very difficult for parents of persons with developmental disabilities such as cerebral palsy, autism or mental retardation. Caring for these persons often requires training.

This workshop will give you the training required to meet the special needs of these persons. Those completing the two day training program will receive a certificate from the Statewide Respite Training Project. They will then be referred to parents who need a short break. Respite Providers will be paid for their services.

The respite care training program will include the following topics:

- Role and responsibilities of respite providers
- First aid/medications/seizures/home safety
- Positioning and handling/feeding techniques
- Normalization
- Behavior management
- Overview of developmental disabilities

In addition, a one-half day practicum will be required where you will work with a handicapped person while under supervision. The practicum can be arranged to fit your schedule. This can be a great opportunity to fulfill a class requirement or plan a special studies credit, get some first hand experience with people who are handicapped and earn some extra money. If you would like additional information, call: Janet Ansell 348-9220
Maggie Kenney 559-6406

If you are interested in this training program we'd like to hear from you. Fill in the registration form below, tear off, and send it in to us. Thank you.

REGISTRATION FORM

Yes, I wish to attend the Respite Training Program on July 27,28,29,30 I understand that I will also be required to complete a one-half day practicum.

NAME_____ ADDRESS_____

PHONE_____ AGE____. I am interested but unable to attend on these dates ☐

Please return this registration form to: Janet Ansell
GOARC
3212 Dodge
Omaha, Nebraska 68131

This workshop is funded by the Nebraska Governor's Planning Council for Developmental Disabilities

It's a good idea to have two persons talk to a group, such as a professional teamed with a parent or provider. Together they can give different perspectives of the respite care program.

It is important to illustrate examples of families who will use respite care so the audience can understand its importance. It is also helpful to have slides to demonstrate the need for or use of respite care. Many fine films are available that show handicapped persons learning and growing in community programs. These films can educate an audience that has had little exposure to handicapped persons.

- Families of Handicapped Children and Respite Care Providers

  Some of the most successful recruitment efforts are informal. Parents and siblings know first-hand the needs of their own family for respite care. Encourage families to recommend people they know who may be interested in becoming respite care providers. A close relationship between the families and the respite care program can be fostered by giving families some input in the recruitment effort.

  People who currently provide respite care can also be valuable recruiters. They know the need for families to have respite care as well as the benefits from providing this service. Enlist them in your search for additional providers.

Training

Once you have made contact with a number of people who are interested in becoming respite providers, you can begin training them for their new roles. Conducting the training before personal screening of the applicants can save time, since some people will usually drop out during the training process. If interviews are conducted after training, not only will you be reserving your interview time for those who have demonstrated their genuine interest by completing the training, but the prospective providers will have a better idea of what respite care entails.

An initial training program should provide basic information, attitudes, and techniques to equip trainees as respite providers. We suggest a 14-hour workshop followed by 4-hour supervised "hands-on" practicum in a school or residential or vocational facility. A sample agenda for such an initial session is given in Figure 9. It's a good idea to supplement this workshop with Red Cross first aid or CPR instruction. This training is available at a low cost from any Red Cross chapter.

Take time during the training workshop to observe the applicants and learn more about their skills, abilities, interests, and attitudes toward handicapped persons.

The initial training lays the groundwork for the providers. Before any care is actually provided, the parents give the additional instruction that is specific to their son or daughter. This is usually done immediately before the care is provided. Such specific instruction is essential as an initial training package cannot hope to cover every conceivable technique or method of care.

Encourage your providers to identify additional training needs. These needs may be addressed during regular staff meetings if you have them, or during periodic in-service programs. Once you have identified your training needs, contact professionals in your area for help. Many professionals are willing to donate a few hours of their time for a worthy cause such as this. Be sure to carefully explain the respite concept and system so that their presentation will focus on the daily living needs of your respite consumers.

Several good training curriculums for respite providers have been developed.

--Respite Care Training Manual

1977, Carl Calkins, et. al., Montana Training Resource Information Center, 1219 8th Avenue, Helena, Montana 57620.

--Respite Worker Training Manual

May, 1978, San Diego County Association for Retarded Citizens, 3035 "G" Street, San Diego, California 92102

--Respite Aides for Parents of the Handicapped

July, 1978, Alberta Murstein, M. Ed., St. Louis Metropolitan Council on Developmental Disabilities, 1240 Dautel Lane, P.O. Box 27480, St. Louis, MO 63141.

A simple tracking card may be used to illustrate a provider's status in training (See Figure 10). Some provider applicants may be allowed to "test out" of the training if they can demonstrate comparable previous training.

Figure 9

RESPITE CARE TRAINING WORKSHOP

MAY 1 (SATURDAY)

SCHUYLER GRADE SCHOOL

May 1	*9:00 - 9:10*	*Welcome, Introductions*
	9:10 - 9:45	*What is Respite Care? The Role & Responsibilities of the Respite Care Provider - Sandy Peterson - Peg Kantor Colfax Co.ARC Respite Coordinators*
	9:45 - 10:00	*Break*
	10:00 - 11:00	*Normalization - Linda Teach Public Information Officer Region IV Office of Developmental Disabilities*
	11:00 - 12:00	*Language and Communications - Eileen Peton Speech Pathologist*
	12:00 - 1:00	*Lunch*
	1:00 - 3:00	*Positioning/Handling/Feeding Techniques for the Physically Impaired Slide Show: "Beyond Survival" - Ken Johnson RPT Consultant to Region IV*
	3:00 - 3:15	*Break*
	3:15 - 4:00	*Overview of Developmental Disabilities - Maggie Kenney Respite Trainer, Meyer Children's Rehabilitation Institute*
		Film: "A Different Approach"
May 8	*9:00 - 11:00*	*Behavior Management Film: "Reward & Punishment" - Jamie Kelly Human Services Consultant*
	11:00 - 11:15	*Break*
	11:15 - 12:00	*Daily Living Activities - Maggie Kenney, M.C.R.I.*
	12:00 - 1:00	*Lunch*
	1:00 - 3:00	*Medications/Seizures/1st Aid Film: "Images of Epilepsy" - Betty Bohatly, R.N. Schuyler Grande School Nurse*
	3:00 - 4:00	*Parent/Provider Panel Discussion Diane Brendle - parent Joan Fowler - parent Nancy Bednar - provider Judy Beaudette - provider*

Figure 10

RESPITE CARE TRAINEE PROGRAM

Name_____

Address_____

_____

Phone:_____

TRAINEE CHECKLIST

Training Completed

____Session One

____Session Two

____Session Three

____Session Four

____Examination ____Score

Written References Received

____1.

____2.

____Other References Checked

_____

_____

_____

____Practicum Completed

____Practicum Evaluation by Facility Supervisor

____Practicum Evaluation by Trainee

____Interview Completed ____Score

____Certified ____Not Certified

Notification Date_____

Application and Interview

The application and interview process is very important to determine whether an applicant is someone that you will feel confident to recommend as a respite care provider.

First, the applicant must fill out an application form. Figure 11 is a sample of one program's form. Checking references given by the applicant is also important; examples are in Figure 12. Although the application form and reference materials contain essential information about the applicant, a personal interview is essential to determine suitability.

During the interview, try to establish a comfortable, relaxed environment. After introductions are made, begin by giving the applicant a brief overview of the respite care program. Keep this part of the interview brief, since most of the time should be spent with the applicant telling you about himself or herself.

Begin by asking the applicant to clarify any parts of the application form that you felt were unclear. To get a further idea of the person's feelings and potential for working with people with disabilities, ask questions about the following areas:

- Interest in the respite care provider position
- Previous experience with handicapped persons
- Values and beliefs about disabled individuals
- Willingness to learn more about helping disabled individuals
- Ability to handle stressful situations
- Ability to solve problems

Figure 13 presents detailed suggestions for the interview.

Figure 11

Respite Provider Application Date_____

NAME_____ SOCIAL SECURITY #_____

ADDRESS_____ MARITAL STATUS_____

CITY_____ STATE_____ ZIP_____ AGE_____

PHONE_____

Describe Your Educational Background

High School_____ College/University_____

City_____ City_____

Dates Attended_____ Dates Attended_____

Received Diploma_____ Degree Conferred_____

Describe any previous volunteer, personal, or job experience that you've had that involved you with a person with a developmental disability.

_____

_____

_____

_____

Why do you want to be a Respite Provider?

_____

_____

When would you be available?

Mornings_____ Time_____ Afternoons_____ Time_____

Evenings_____ Time_____ Saturdays_____ Time_____

Sundays_____ Time_____ Approximately how many hours per week?

_____

FIGURE 11

Do you have your own transportation?_____

Would you be willing to drive to surrounding towns (within a 15 mile radius?)_____

ARE YOU INTERESTED IN BEING A RESPITE PROVIDER FOR PERSONS OF AGES:

0-7_____
7-12_____
12-18_____
18 and older_____

Male_____
Female_____

ARE YOU INTERESTED IN BEING A RESPITE PROVIDER FOR PERSONS WITH:

Mental Retardation?_____
Cerebral Palsy?_____
Any Disability?_____

Autism?_____
Epilepsy?_____

DESCRIBE YOUR PRESENT OCCUPATION:

_____

_____

_____

_____

_____

PLEASE LIST TWO PERSONS THAT WE MAY CONTACT FOR REFERENCES.

DO NOT INCLUDE RELATIVES.

Name_____ Address_____

Phone_____ _____

Name_____ Address_____

Phone_____ _____

Figure 12

REFERENCE LETTER

Dear

The Sitter/Companion Program* is a referral program for short-term relief care for families of developmentally disabled children or adults. This care is provided by trained individuals (providers) in the homes of the families who request the care. It is essential, therefore, that these providers be responsible persons of high standards who are emotionally mature to cope with the needs of these families and their disabled members.

Your name was given as a reference by one of our applicants to the Sitter/Companion Training Program. We would appreciate your filling out the enclosed questionnaire to the best of your knowledge, and returning it to the address below at your earliest convenience. This information will be kept confidential.

Thank you for your cooperation.

Yours truly,

Janet Ansell

*The Sitter/Companion Training Program is sponsored by the Greater Omaha Association for Retarded Citizens (GOARC). GOARC is a volunteer based, non-profit coalition of parents, professionals, and concerned citizens. GOARC is an agency of the United Way of the Midlands.

JA/pm

FIGURE 12

APPLICANT'S NAME: _____

1. How long have you known the applicant? In what capacity?

2. Do you have any reason to question the applicant's moral standards? If so, explain.

3. In your opinion, is the applicant an emotionally stable person? Please comment.

4. Do you feel the applicant is reliable and dependable? If not, explain.

5. Do you have any knowledge of the applicant's ability to work with handicapped children/adults? If so, explain.

6. Is there any reason you feel the applicant is not suited to care for handicapped individuals in her/his own home, or in the home of the individual? If so, explain.

7. Any other comments you wish to make about the applicant?

_____
Reference's Name (Please print)

_____
Signature of Reference

_____
Address

_____

Date _____

Figure 13

INSTRUCTIONS FOR STRUCTURED INTERVIEW

Before applicant arrives:

1. Read interview and matrix;
2. Think of an example to use for questions 8 and 10;
3. Review application;
4. Allow thirty minutes for interview.

After applicant arrives:

1. Introduce yourself, seat them comfortably
2. Use the structured interview as a guide to maintain consistency in interview content. You do not need to read questions word for word.
3. Note on the matrix if applicant was on time and was neatly groomed and dressed.
4. Make notes on the matrix as applicant answers each question.
5. Resist the temptation to cue or suggest an answer.
   If applicant does not understand the question, repeat it. You may give them an example to describe what you are asking, but be careful that you do not suggest an answer.

After applicant leaves:

1. Rate each question. Total the score at bottom of page
2. Allow yourself a 10-minute break before next interview..

Figure 13

OUTLINE FOR STRUCTURED INTERVIEW - PROVIDER

1. Review application
1. Ask for necessary elaboration

TOPIC	POSSIBLE QUESTIONS
1. Overview of agency providing respite care services.	1. Interviewer describes agency and outlines structure of the respite care program: Training, responsibilities, etc.
2. Interest in respite care provider position	1. What about the job do you think you would like? 2. What about the job would you not like? 3. Why do you want the job?
3. Previous experience with handicapped persons.	1. Have you known of, or worked with, any persons who were handicapped? 2. If yes, describe your experiences with them--positive & negative.
4. Attitudes towards disabled individuals	1. What can disabled persons do to contribute to a better society? 2. Should disabled children be integrated with normal children in schools? 3. What can a severely disabled person learn? What should we teach them? 4. If the government had an unlimited amount of money, how would that money best be spent to help disabled persons?
5. Self-Evaluation	1. What do you see as your strong points? 2. What do you see as your weak points? 3. What would you like to change about yourself?
6. Willingness to learn more about helping disabled individuals	1. Did you attend all the training sessions? 2. Did you participate in a half-day practicum working with a handicapped person? (Modify to fit your own situation) 3. Would you come to an advanced training workshop? 4. In what other areas do you feel you need training?

7. Ability to handle stressful situations	1. What signs do you look for to tell you are being affected by stress? 2. What situations are likely to cause you stress? 3. What behaviors might be stressful to you, e.g. screaming, hitting, etc.? 4. What can you do to protect yourself from stress?
8. Ability to solve problems	1. How do you go about solving a problem vou have? 2. (You may wish to make up a situational problem about a handicapped person and see how the applicant resolves the problem.)
9. Ideas on discipline and motivation	1. How do you discipline your own children? (This question is for parents.) 2. If a disabled person is misbehaving how would you discipline him/her? 3. If a disabled person does not want to do what you want him/her to do, how would you respond? 4. If a disabled person does what he/she should be doing, how would you respond?
10. Conflict negotiation	1. How would you handle a situation in which you disagreed with the parent's care instruction? 2. If your strategy for #1 failed, what would be your next step?
11. Career plans and professional values	1. What caused you to become interested in a human service position? 2. What do you want to do when you grow up? 3. How does this position fit in with your career plans? 4. How much time would you be willing to commit to staying in this position? 5. What is the most creative job or job task you ever had?

Figure 13

12. Ability to work in an unstructured position	1. What do you see as some potential advantages/disadvantages of an unstructured job, knowing your own strengths and needs? 2. What kind of supervision do you operate best under? 3. How do you know whether or not you are doing a good job? 4. Are you able to be flexible about when in the day/week you can work? Are you able to accept on-call duty?

Using a rating scale for each of the areas in the inteview allows you to evaluate and record each applicant's response, and establishes a more objective basis for deciding which applicants you will accept for referral. Figure 14 shows one such rating scale.

Figure 14

SELECTION MATRIX - PROVIDER

Score each item by circling a number between 1 and 5

1. Interview date:_____

   Name of Applicant:_____

   Name of Interviewer:_____

---

2. Interest in position

   Score_____

1	2	3	4	5
weak interest				strong interest

---

3. Previous experience with handicapped persons

   Score_____

1	2	3	4	5
little experience & interaction				extensive experience & interaction

---

4. Attitude towards individuals who are developmentally disabled

   Score_____

1	2	3	4	5
views them as different				views them as similar to self

---

5. Self Evaluation

   Score_____

1	2	3	4	5
identifies few				identifies many

80

6. Willingness to learn more about disabled individuals

___ completed all training

___ completed practicum

Score_____ 1 2 3 4 5

1 identifies no needs/willingness

5 identifies many needs/willingness

7. Ability to handle stressful situations

Score_____ 1 2 3 4 5

1 identifies no signs or methods

5 identifies many

8. Ability to solve problems

Score_____ 1 2 3 4 5

1 no coping mechanism

5 good array of problem solving techniques

9. Ideas on motivation and discipline

Score_____ 1 2 3 4 5

1 no ideas or negative ideas

5 many positive ideas

10. Conflict negotiation

Score_____ 1 2 3 4 5

1 negative ideas

5 positive ideas

11. Career plans and professional values

Score_____ 1 2 3 4 5

1 position not compatible with

5 position very compatible

12. Ability to work in an unstructured position

Score_____

1	2	3	4	5
rigid, needs much supervision				flexible

13. Professional education - or previous experience. Related fields include special education, social work, psychology, sociology, human development, counseling, theology, education, adaptive recreation, or child care

Score_____

1	2	3	4	5
no related education		some related education		Degree in related field

14. Examination score_____

TOTAL SCORE_____

Practicum

After training, providers are assigned to a 4-hour practicum at a residential, vocational or school program that serves the developmentally disabled. The aim of the practicum is to allow the new provider to meet, interact with, and assist disabled individuals while under the supervision of professional or paraprofessional workers. Trainees are encouraged to practice the skills and techniques they learned in training and to ask for feedback from the disabled person and the staff. The practicum supervisors' evaluation is considered in the decision to certify the trainee. A practicum evaluation form is shown in Figure 15.

Certification

Once providers successfully complete their training and practicum and pass an examination and interview, they are certified by the Nebraska Statewide Respite Project as trained respite providers. (See Figure 16)

Figure 15

Student's Name_____

PRACTICUM STUDENT EVALUATION

Name of Supervisor_____

Name/description of practicum site_____

_____

Did student report on time? Yes____No____

Did student complete the assigned practicum period? Yes____No____

Briefly describe the activities the student participated in_____

_____

_____

_____

How would you rate this student's attitude towards people with develop-
mental disabilities? poor 1__2__3__4__5__6__7__8__9__10__ outstanding

We would appreciate any additional comments regarding this student

_____

_____

_____

_____

_____

Thank you!

Return to: Sitter/Companion Coordinator
GOARC
3212 Dodge Street
Omaha, NE 68105

Figure 15

PRACTICUM PLACEMENT EVALUATION

Name of Student_____

Practicum site_____

Practicum date_____

Briefly evaluate your practicum experience. Include your thoughts on how valuable, interesting and pertinent this experience was to you, in addition to how well the agency you visited conducted the practicum.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Return to: Sitter/Companion Coordinator
GOARC
3212 Dodge Street
Omaha, NE 68105

Statewide Respite Training Project

and

C. Louis Meyer
Children's Rehabilitation Institute
University of Nebraska Medical Center

Hereby certify that _____
has successfully completed Respite Provider Training
this _____ day of _____ in the year of _____

This program is sponsored by
The Nebraska Developmental Disabilities Council.

Nebraska Respite Trainer

Program Coordinator

Figure 16

Evaluating the Home

If providers are using their own homes for respite care, they must maintain a reasonable standard of home safety and cleanliness. An inspection of the home should be part of the initial interview and screening process and be followed by additional visits at regular intervals. Such periodic inspections will assure parents that their son or daughter will be staying in an environment that is free from health hazards.

Home accidents are a frequent cause of death and disability, especially among children and the elderly, and the risk of an accident is increased if the individual is handicapped. However, many accidents are preventable with proper planning and attention. Respite providers who work in the family's home should likewise be alert to potential hazards and try to minimize them as much as possible.

The following are some general safety guidelines that should be considered when evaluating a home:

1. All respite homes should be equipped with:
   - First aid kit containing Band-Aids, Telfa Pack, 1-inch bandage, hydrogen peroxide, eye pad, tweezers, scissors, thermometers (oral and rectal), 2 x 4 gauze, syrup of Ipecac.
   - List of phone numbers posted by phone: physician, dentist, rescue squad, poison control center, fire department, utility companies, police.
   - Smoke detector
   - Fire extinguisher
   - Safe place to store medication

- A plan of action/escape in case of fire or accident
- Non-skid rubber mat in tub/shower.

2. All respite homes should follow these safety practices:
   - Store all tools, sharp knives, chemicals, detergents, insecticides, paints, solvents, cleaners, and other poisons out of reach.
   - Do not store flammable materials in living areas. Remove clutter and obstacles from stairs, entryways, and exits.
   - Maintain walks and steps in good repair. Remove ice and snow promptly. All stairs should be covered with a non-skid surface and be equipped with a sturdy handrail.
   - Provide adequate supervision for the consumer near dangerous appliances, open stairways, in bathroom, or near other dangerous areas.

The person evaluating the home should assess the cleanliness of the home in addition to the safety factors. The assessment of cleanliness involves value judgements, but should reflect what is typical of homes in the neighborhood or community. Evaluation should also consider adequacy of play, living, and bedroom space available to consumer. A checklist for home visits is in Figure 17.

Figure 17

RESPITE HOME VISIT AND EVALUATION

NAME_____ EVALUATED BY_____

ADDRESS_____ DATE_____

PHONE_____

_____

Living Room_____ First Aid Kit___

_____ Phone Numbers ___

_____ Smoke Detector ___

Bedroom_____ Fire Extinguisher ___

_____ Medication Storage ___

Kitchen_____ Escape/Action Plan ___

_____ Tub/shower ma___

Bathroom_____ Poison storage ___

_____ Walks, steps, stairways ___

Basement_____ Exits ___

_____

Yard_____

_____

Other_____

Ratings
1 = excellent
2 = adequate
x = inadequate

_____

Does your home have a state foster care license?_____if yes, expiration date is_____.

Note any deficiencies and timelines for correction_____

_____

My next scheduled visit_____

Respite Consumers

Chapter 5

Respite Consumers

In any community there are bound to be families in need of short-term relief care for disabled family members. Statistics indicate that nearly one out of every 10 families includes a member with a mental, physical, or emotional disorder.

Recruitment

Once your program is established, the parents who use it can be relied upon to spread the word themselves. To inform the community initially, you can take advantage of free public service announcements on local TV and radio stations. Approach local TV or radio talk shows and submit informative human interest articles to newspapers. Another good technique is to distribute flyers or letters to parents through the educational, recreational, and vocational programs that their son or daughter attends. These flyers can be sent home with each enrolled child or adult. Also, try posting flyers in libraries, shopping centers, churches, and physicians' offices (Figure 18).

Your local Association for Retarded Citizens, other advocacy or parent groups, PTA, public and private school systems, public health nurses, and social service or welfare departments can be agents for informing the community about your program. You may need to make a brief presentation to the staffs of these agencies. Good communication between such agencies and your program will encourage them to refer clients to you for respite care. To form a solid base and to attract funding, your program needs to involve many parents. It's not always easy to get parents to use a respite service even if they have previously indicated their need for it.

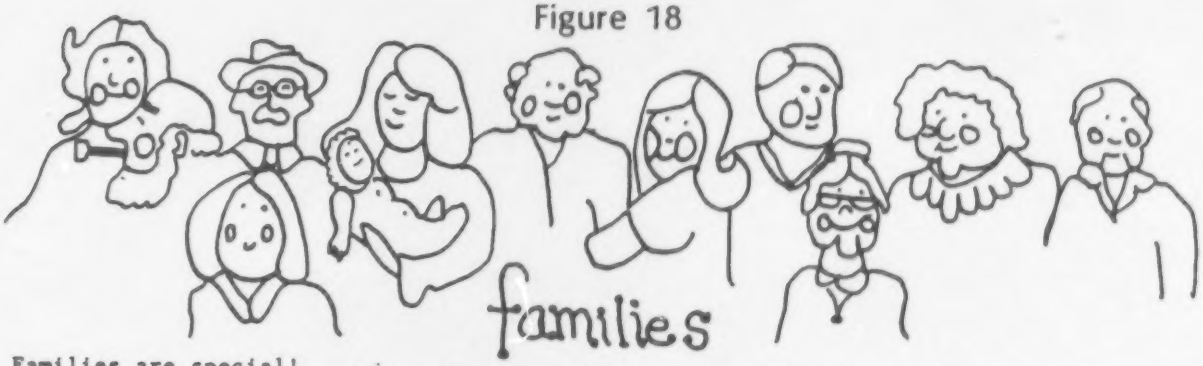
Many parents are hesitant to leave their son or daughter in a provider's care. This reluctance is often based on a fear that the son or daughter will not be able to adapt to a new environment, a new routine, or a new caregiver. Frequently, parents worry that their child will not be able to make his or her needs known to the provider.

Such attitudes and fears must be dealt with gently. Often the best approach is through another parent who has used and benefitted from respite services. A fellow parent's explanation of their child's adjustment to a respite situation can encourage hesitant parents to try it. Arranging a pre-placement visit is often helpful, as this allows the parents a chance to acquaint themselves with the provider and discuss their child's specific needs before leaving the child in their care. Of course, designing your program to provide good quality care that is responsive to the needs of the family and the individual will increase its acceptance and use.

Application for Services

Most inquiries from families will come in over the telephone. A good procedure is to follow up the initial phone conversation by mailing a written description of your services and the necessary forms to the family's address. The application process should be kept as simple as possible and should have a provision for quick response to emergency needs of families who are new to the program. An application-registration form and cover letter are given in Figure 19.

Figure 18



Families are special! Some families are even more so because they have a member with special needs. (Mental retardation, epilepsy, stroke, etc.) These families often have the need for assistance in caring for these special needs members for short periods of time.

Grand Island Area Respite Care recognizes this need and has trained "care providers" to refer to these families. Not only is the family leaving their special member in competent and caring hands, this family member has the opportunity to begin a new and often long-lasting friendship with someone who cares.

The Respite Care program was started in Grand Island in August of 1981 with grant funding from the Governor's Planning Council for Developmental Disabilities, Meyers Children's Rehabilitation Institute--University of Nebraska Medical Center and was sponsored locally by PATH (Parent Action For the Handicapped) and Citizen Advocacy. Since that time care providers have been trained and referred to families who have registered with Respite Care and have been requesting care.

Recent cuts in government grants have resulted in the cancellation of future grant funding for the Respite program. Respite Care is now in the process of seeking local funding from individuals and organizations in order to keep the program in Grand Island operational and expanding.

How can you be involved?

(1) Contact the Respite Care office if you have a person in your family with special needs.
(2) Make a contribution to this worth while program. Send to: Respite Care 2116 W. Faidley, Grand Island, Nebraska 68801
(3) Volunteer to be trained as a "care provider".

For further information on the Respite Care program and/or contributions, please contact: Carol Peterson, Program Coordinator 382-3890 Ext. 1100 weekdays 8:30 a.m. till 12:30 p.m.

Figure 19

Dear Parent:

We are very pleased to announce the opening of a new program sponsored by the Association for Retarded Citizens of Greater Omaha (GOARC). This new service is called the GOARC Sitter/Companion Program. It is designed to offer parents an opportunity to have some relief from the daily care of their developmentally disabled son or daughter. You may use this "time away" to rest, relax and enjoy yourself or to take care of business or personal needs. This service is also available to assist you during periods of stress or crisis such as parent illness. We hope that you will take advantage of this program as its success depends upon your participation and support.

We have over 50 trained sitter/companions who are ready to go to work! We want to match them up with families as soon as possible. These sitter/companions have completed 16 hours of training and a 4 hour practicum.

In their training they learned about normalization, developmental disabilities, behavior management, medications, seizures, home health care, language and communication, positioning/handling/feeding techniques, and daily living activities. All registered sitter/companions passed a written examination, completed a practicum and have been interviewed, screened and certified as trained providers! They are available to provide you with short-term (24 hours or less) in-home care.

This service is available at no cost to GOARC members. Non-GOARC members may join now or may pay a twelve dollar annual fee to participate. The program will operate like this:

1) Interested parents may call GOARC to register. The GOARC office will mail them a registration form.

2) Once registered, you will be mailed a packet containing a:
   - handbook describing the program
   - a respite care fact packet that you complete and give to the sitter/companion each time
   - an emergency medical treatment release form that you complete and give to the sitter/companion each time
   - a liability release form that you sign and return to the GOARC office.

3) All registered parents may call the GOARC Office 348-9220 Monday - Friday 8AM to 5PM to request a referral. <u>The GOARC office will give you the name of 2 or more trained sitter/companions</u>. You will be matched with suitable sitter/companions based on your location, needs of disabled member, skills of sitter/companion, date and time needed by parent and availability of sitter/companion.

4) You will then select and contact the sitter/companion, and make all arrangements for care, including payment. You are responsible for paying the sitter/companion yourself. We suggest that you pay them from $1.50 to $2.50/hour and $15 for a whole day. This rate should be based on amount and difficulty of care required, whether other siblings also require care and your ability to pay.

5) Give the sitter/companion the completed respite care fact packet and emergency medical release form. Go over care instructions with the sitter/companion. We suggest that you invite the sitter/companion to meet with you prior to their providing service.

6) Each time you use a sitter/companion, complete and return the blue evaluation card. This is very important, as it will alert us to any problems, aid us in monitoring the quality of services, and allow us to track the number of families being served.

7) The next time you need service you may contact the sitter/companion directly or you may call the GOARC Office for new names. Please continue to give the sitter/companion the fact packet and release form and to return the blue evaluation card.

Figure 19

Parent/Family Registration Date_____

Parent/Guardian's Name_____

Address_____

Phone_____ Do you have home owner's or renters insurance? ___Yes ___No

Names and ages of children living at home:

Name	Age	Name	Age	Name	Age
Name	Age	Name	Age	Name	Age

Name of developmental disabled family member:_____

Date of Birth:_____ Height:_____ Weight:_____

Doctor_____ Phone_____

Dentist_____ Phone_____

Hospital_____

School or vocational program_____

Address_____

Phone_____

Teacher or trainers name_____

Describe family member's disability_____

_____

_____

What kind of special assistance does he/she require?_____

_____

What, if any, medication does he/she take?

Name of medication	Dosage	Time taken
Name of medication	Dosage	Time taken
Name of medication	Dosage	Time taken

Does he/she have seizures?_____. If yes, describe type and frequency

_____

_____

Figure 19

Does he/she use any adaptive equipment? (wheelchair, brace, cane, etc.)_____

If yes, describe equipment and how and when used_____

_____

_____

Does he/she need a special diet or have any allergies?_____ If yes, describe_____

_____

_____

Does he/she have any behavior problems? (won't mind, easily frightened, won't go to bed, tantrums,etc.) Describe behavior and how you deal with them._____

_____

_____

_____

Do you prefer that a sitter/companion:

Come to your home_____ Provide care in their home_____ Either_____

Can you provide transportation to and from your home for a sitter/companion? Yes_____ No_____

Please give us the name of a person other than yourself who may be contacted in case of emergency. This person should be a close friend or relative who lives in this area.

_____ _____

Name Address

_____

Relationship

- -

This form is kept by the coordinator and is used in the matching process. A more detailed Respite Fact Packet is filled out and kept by the parents who give it to the provider each time the care is provided. (See Appendix)

The application process has a two-fold purpose--to obtain the necessary information regarding the care needs of the disabled family member and to acquaint the parents with their rights and responsibilities as consumers. Applications may be made in person or through the mail. Many parents will want to use the convenience of a mail-in application. This should be followed by a phone call or personal interview to clear up any questions or worries. The important elements of the parent application are:

- description of the program and its guidelines
- basic data describing the family
- detailed information describing the disabled family member (See Appendix)
- a financial statement, if the family is applying for subsidized care
- liability release (described in Chapter 6).

Contracts

Many programs ask that the parent contract with the individual provider. Such contracts stipulate the time, date, and duration of care as well as rate of payment. They may help to establish a clear agreement between parent and provider and reduce the likelihood of a misunderstanding. An example of a contract is in Figure 20.

Figure 20

RESPITE CARE SERVICES CONTRACT

This contract is made by and between_____(parent/ guardian) and _____(respite provider.)

The respite provider hereby agrees to provide services for_____ (the individual) during the period of_____AM/PM on_____ and end at_____AM/PM on _____.

In consideration of the services to be performed, the parent/guardian agree(s) to pay the respite provider $_____an hour/day for a total of $_____.

Other pertinent arrangements may be described here:_____

_____

RESPONSIBILITIES

The Respite Provider agrees:

1. To treat the individual as a member of the family, as well as provide room and board and insure the individual's comfort;
2. To cooperate with the parent/guardian by following suggestions & recommendations regarding health and emotional well-being of the individual;
3. To provide any medical supervision the individual may need;
4. To provide proper supervision and care of the individual.

The Parent/Guardian agrees:

1. That he/she is and will continue to be legally responsible for the individual's actions, debts, and liabilities as prescribed by law, and that the respite provider will be liable only for injuries to the individual caused by intentional or negligent acts of the respite provider;
2. To make such payments as outlined above;
3. To furnish the respite provider with the necessary information for emergencies including medical treatment and liability releases;
4. To adhere to the terms of this contract with respect to length and stay unless the provider is notified of a change and an additional fee is negotiated.

The parties do hereby agree to this contract as entered into on the _____day of_____, 19____.

_____ Respite Provider

_____ Parent/Guardian

A "Fact Packet"

Specific information about the needs and routines of the respite consumers is critical to a respite program's success. With adequate information, a program can readily match consumers with the appropriate providers. Providers in turn must have information about the children with whom they work, in order to give high quality care.

Having parents put the necessary information in writing is the most reliable means of gathering information on each consumer. A fact packet to be completed by the family might seek information about:

- persons to contact in an emergency
- behaviors to be expected from the child, what rewards and disciplinary measures are used by the parents
- seizures
- medications
- adaptive equipment
- allergies, diet, and food preferences
- recreation activities
- daily living skills
- daily routines

An example of such a questionnaire, the "Respite Care Fact Packet," may be found in Appendix

Placement

All information regarding the consumer should be carefully reviewed with the provider before care is given. Behavior and medical problems should be thoroughly explained. An initial visit is recommended, especially before an overnight stay, to allow consumer and provider to get acquainted with each other. Parents can use this opportunity to demonstrate any special techniques or adaptive equipment to the provider.

Some respite consumers will be difficult to place because of their severe or unusual behavioral or medical needs. Some programs offer financial incentives by paying providers more for those consumers who are considered difficult to serve. However, providers should not be pushed to serve any consumer whom they do not feel they have adequate training and resources to deal with, as this is rarely a positive experience for anyone involved. As providers grow in experience and confidence, they often become more willing to serve more challenging consumers. Occasionally it may be necessary to recruit a highly skilled person such as a registered nurse, special education teacher, or behavior specialist to provide respite care for an individual with unusual needs.

Each respite provider should have a responsible back-up person on call 24 hours a day to consult for emergency needs. This is a tremendous responsibility, but a necessary one. Often problems occur outside normal working hours. Providers need back-up in case of injury or serious incident involving consumers in their care. This back-up person may be provided by the agency, or the parent may identify another adult who is familiar with their son or daughter who may be contacted in their absence.

Matching

A careful match between consumer and provider is essential to the success of any respite program. Factors that a coordinator should consider in such a match are:

1) Availability of provider for dates requested by the family.
2) Provider's expertise in dealing with specific care needs of the consumer.
3) Provider's preference for serving consumers of certain sex, age, or disability.
4) Any restrictions on the part of a provider, such as an inability to lift large children or an inaccessible home.
5) Logistics of arranging transportation to and from consumer's day program.
6) Parent's or consumer's preference for a particular provider.

Simple card files on consumers and providers can be a help in matching. Sample cards are shown in Figure 21. Such cards are valuable not only for matching, but also as a cross-referenced record of who has provided care for whom and as an evaluation tool and record.

Responsibilities

In order to foster the sense of parent and provider working as a team, identify the responsibilities of each.

1) Treat the disabled person with respect.
2) Follow through with training and care plans prescribed by the parents. Provide close supervision and safety.

Figure 21

CONSUMER REGISTRY CARDS

RESPITE CONSUMER REGISTRY

NAME_____ Reg. Date_____

PARENTS NAME_____ D.O.B._____

Home Phone_____ Business Phone_____

Doctor_____ Phone_____

Dentist_____ Phone_____

School/vocational program_____

Emergency contact person_____

Phone_____

Type of disability_____ _____.

Care desired: in own home_____ home of provider_____

other_____

(over)

Type of disability?_____

_____

Special needs?_____

_____

_____

Medication?_____

Seizures?_____

Adaptive equipment?_____

Behavior problems?_____

Communication?_____

Figure 21

RESPITE CARE RECORD

Dates	By Whom	Problems/Comments

Figure 21

RESPITE PROVIDER REGISTRY

NAME_____ Reg. Date_____

ADDRESS_____ D.O.B._____

CITY_____ STATE_____ ZIP_____

Home Phone_____ Business Phone_____

BACKGROUND:_____

_____

_____

When are you available?_____

_____

Will provide care: In home of consumer_____ In own home_____

No preference_____.

RESPITE REFERRALS

Dates	For Whom	Problems/Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) Ask the parent for assistance if you are unsure of how to care for an individual. If there are problems, talk about them openly and work together to find a solution.

4) Set clear limits and expectations. Be consistent and fair in your method of discipline.

5) Maintain confidentiality. The privacy of the family must be protected. Personal information regarding the family or disabled member is not to be disclosed.

6) Report to the parents any unusual events that occur.

7) Make sure that you receive complete information about the person for whom you will be caring (See Appendix) as well as a medical treatment and liability release. Review these with the parents before they leave.

8) Administer prescribed medications carefully according to instructions. Be sure you understand the medication schedule and directions thoroughly. Keep all medications out of reach.

9) Keep the family's home as neat and orderly as you found it.

10) Complete and return the feedback card each time you provide care.

Responsibilities of Parent/Guardian

1) Give the sitter/companion as much notice as possible, preferably more than 48 hours.

2) Complete respite fact packet (See Appendix) carefully. This information will assist the sitter/companion in providing care for your son or daughter.

3) Sign the emergency medical treatment form and liability release. Mail the liability release to the respite care office. Give the fact packet and medical treatment and liability release form to the respite provider each time they provide care.

4) Allow time to give your respite provider specific care instructions. Orient him or her to your home.

5) Leave a number where you may be reached.

6) Provide necessary food, clothing, supplies, and spending money for your son or daughter.

7) Have all prescription medications properly labeled. <u>This means changing the label every time the prescription or directions are changed.</u>

8) Let your respite provider know that you value their efforts! If there are problems, talk about them openly and work together to find a solution.

9) Complete and return the evaluation card each time care is provided.

Chapter 6

Making It Work

The next two chapters will discuss issues and procedures that are involved in the actual management of a respite program that uses the sitter/companion model. A sitter/companion program requires that a group of respite providers be recruited, trained, interviewed and selected. These qualified providers are then matched with families who are in need of service. They may provide either in-home or out-of-home care.

Evaluation of Services

Thorough and consistent evaluation is essential for the continued success of any respite program. Parents and consumers should be contacted regularly to evaluate the service they have received. Providers may give parents a small evaluation card (Figure 22) to complete and return, and the coordinator may supplement this method with occasional phone contact to gain additional comments.

Such evaluation insures that the providers you refer or contract with are competent and reliable. Providers need to receive feedback, both positive and negative, regarding their interaction with families and their care of consumers. Make the evaluation process a positive one by focusing on areas where providers need to grow and improve. However, repeated or serious complaints from parents or consumers warrant a careful investigation and subsequent decision regarding the advisability of continued use or referral of the provider involved.

Providers should also be asked to evaluate their experience to

identify any problems they encounter such as lack of information or lack of cooperation from the family. Figure 23 is an example of an evaluation postcard.

Figure 22

PARENT EVALUATION

Your Name_____Phone_____

Address_____ Zip_____

This is to verify that_____cared for

_____in my absence on_____

I was satisfied_____not satisfied_____with him/her.

His/her attitude was: excellent_____good_____poor_____

Knowledge in caring for individual was: excellent_____

good_____ poor_____.

Would you like him/her to provide care for you again?

Yes_____no_____why?_____

_____

COMMENTS:

_____

_____

Figure 23

PROVIDER EVALUATION

YOUR NAME _____

Name of person that you provided respite for:

_____

Location _____ date _____

Hours ___:___ to ___:___

Money received _____

Were there any problems? _____

_____

_____

_____

Would you like to provide respite for this person again?

_____

Liability

Chapter 7

Liability

Everyone is concerned about liability. Providers should be informed that they remain liable for intentional injury or negligence. Parents should be told that they retain responsibility for any medical expenses that may be incurred as a result of accidental injury or illness while their child is in the care of a provider.

The effectiveness of liability releases is open to question. We recommend them for two reasons--they create an expectation that providers are not liable for accidental injury or harm, and they provide some legal protection. Each case will be decided on its own unique set of facts, but a well-written liability release can be a valuable aid if a lawsuit should arise.

Liability releases should be as specific as possible. We recommend having two copies of the release: one for the sponsoring agency or board of directors that remains on file at their office and another copy for each provider that remains in the provider's possession.

We have combined the liability release for the provider with the emergency medical treatment consent form to simplify matters (Figure 24). The emergency medical treatment consent form is needed to obtain medical treatment for a minor child or incompetent adult. Check with your local hospital or clinic. Some will require a witness or that the consent form be notarized.

It occasionally happens that a family exhibits some reluctance in filling out the forms involving liability and medical matters. It should be emphasized to the parents that these forms are designed to give the respite provider all the information necessary for responsible routine and emergency care.

Figure 24

RELEASE OF LIABILITY

I (We) hereby release and discharge Grand Island Area Respite Care, Inc., and its employees, volunteers, and directors from any liability as a result of providing an informational service to me (us) regarding respite care for my (our) child(ren)_____.

I (We) further acknowledge that Grand Island Area Respite Care, Inc., has solely and only provided us names of care providers and recognizes I (we) are contracting with the care providers on an individual and independent basis and that Grand Island Area Respite Care, Inc., has made no representations concerning the hiring of such individual respite care provider and that the decision has been made solely by me (us).

I (We) have fully disclosed to the staff of Grand Island Area Respite Care, Inc., all pertinent facts about my (our) child(ren)'s needs and problems and acknowledge full responsibility for failure to do so.

_____
Parent/Guardian

_____
Date

Figure 24

EMERGENCY MEDICAL TREATMENT CONSENT AND RELEASE OF LIABILITY

NAME OF CHILD_____
Last First Middle

Name of Parent(s):_____

Address:_____

Telephone:_____(Home) _____(Business)

_____is in full charge of my (our) child(ren) during my absence.

I give her/him permission to request or approve any medical attention needed by my (our) child(ren) and to administer medications according to my (our) written instructions below.

She/he will not be held responsible or liable in any way for any accident or illness. We (parents) maintain responsibility for all medical expenses for our child(ren).

Name of Hospitalization Insurance:_____

Policy Number:_____

Doctor(s):_____

Address:_____

Phone:_____

Medication Instructions:_____

_____

_____

* *

I (We) hereby release and discharge_____ from any liability as the result of her/his care for my (our) children _____while my (our) child(ren) is being attended by the aforementioned person in a respite care situation.

This agreement is specifically meant to release the aforementioned person from any legal liability for injuries suffered by my (our) child(ren) caused by the supervision or care given my (our) child(ren). This agreement is not meant to be a release of legal liability for intentional injury to my (our) child(ren).

I (We) have fully disclosed to the aforementioned person all pertinent facts about my (our) child(ren)'s needs and problems and acknowledge full responsibility for failure to do so.

_____
Parent/Guardian

_____
Date

Insurance

A respite program may want to purchase insurance for its providers. If a sponsoring agency has an insurance policy that covers its employees, directors, or volunteers, they may be able to extend their existing policy to cover respite providers. Another alternative is to purchase insurance. Your local Association of Foster Parents can give you more information about this.

Programs with limited resources may require that parents carry their own health insurance for their family, and homeowner's or renter's insurance for their home. Similarly, providers may be required to carry their own insurance. However, a regular homeowner's policy may not cover a child when the homeowner is receiving payment for providing care. If this is the case, providers may purchase an extension of their regular home-owner's policy to cover child care in their home.

Conclusion

Conclusion

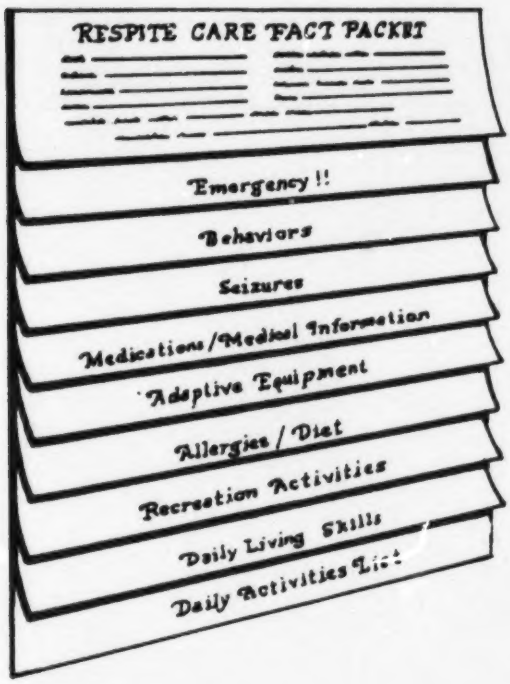
The rationale and need for respite care has been well established, yet these crucial support services are still not in place in many communities. Although there are professionals and parents who are eager to get programs started, they are often unsure as to how to proceed. Their time and energy may be consumed by extensive needs surveys and planning efforts that go nowhere due to lack of funding, leadership or community support.

Parents are in urgent need of relief now. Many of the successful respite programs started with little more than enthusiasm and a telephone. They have been successful because they offer easily accessible, reliable, competent respite care. Many of these programs began by serving only a small group of families. Once underway, they were able to attract funding and to extend their services to include more families as well as more severely disabled family members.

A sound strategy for fledgling programs to follow is to begin now with whatever resources can be mustered, and then plan and struggle to grow while remaining flexible and responsive to families' needs.

Appendix

Fact Packet



Respite care providers must always have as much information as possible about the consumers with whom they work, so that they are prepared to meet each consumer's special needs. A Respite Care Fact Packet is a convenient way for parents or guardians to supply important information, and for providers to have ready access to what they need to know.

The information may be arranged in any format that will give the provider easy access and quick reference. The illustration on this page shows a format that has been successful; all categories of information can be seen and referred to at a glance.

The information that should be included is outlined on the following pages. Blanks should be provided for the parent to fill in the necessary information, and each category should have adequate space to describe special needs and characteristics of the consumer.

RESPITE CARE FACT PACKET

Name _____ School/Vocational Program _____

Birthdate _____ Address _____

Social Security # _____ Teacher/Trainer's Name _____

Address _____ Phone _____

Parent's Home Phone _____ Work Phone _____

Caseworker's Name _____ Phone _____

Emergency

Physician's Name _____ Home Phone _____

Office Address _____ Office Phone _____

Person that can be called if parents can't be reached _____ Home Phone _____

Relationship _____ Work Phone _____

Preferred Hospital _____

Ambulance _____

Police _____

Fire Dept. _____

Other _____

Name of Insurance Company _____ Policy # _____

Behaviors

What rewards do you use for good behavior? _____

(leave adequate space)

What methods of discipline do you use for misbehavior? _____

What rewards do you use for good behavior? _____

_____ _____

What methods of discipline do you use for misbehavior? _____

_____

Describe any behavior problems (such as hitting, screaming, refusing to follow directions, etc.)

_____

_____

_____

_____

Seizures

Does the person have seizures? _____

If yes, describe in detail. _____

_____

_____

How long does a seizure usually last? _____

What happens before a seizure? _____

_____

_____

What happens after a seizure? _____

_____

_____

What to do during a seizure? _____

_____

_____

How should seizure be recorded? _____

_____

_____

Other: _____

_____

_____

Medications

1. Name of Medication: _____ Rx #: _____

   Dosage: _____ Time Given: _____

   How Given: _____

   _____

   Side Effects: _____

   _____

   Purpose: _____

   Prescribing Physician: _____ Phone: _____

Medications continued

2. Name of Medication:_____ Rx #:_____

   Dosage:_____ Time Given:_____

   How Given:_____

   _____

   Side Effects:_____

   _____

   Purpose:_____

   Prescribing Physician:_____ Phone:_____

3. Date of last tetanus shot:_____ HEIGHT:_____

4. Any allergies to medication? _____ WEIGHT:_____

   If yes, identify _____ Check if applicable:

   _____ Mental retardation ____

   _____ Epilepsy _____

   Cerebral Palsy _____

   Autism _____

   Hearing Impaired _____

   Visually Impaired _____

Adaptive Equipment

1. Does the person use any special adaptive equipment? _____

   If yes, please describe _____

   _____

   _____

2. Where is the equipment kept? _____

   _____

3. How is the equipment used? _____

   _____

   _____

   _____

4. For how long should equipment be used? _____

   _____

   _____

Adaptive Equipment continued

5. At what times should equipment be used? _____

_____

6. How long has she/he been using this equipment? _____ _____

_____

_____

7. Who may we contact for any necessary repairs or adjustments? _____

_____

_____

Allergies

Allergies/Diet

1. Does the person have any allergies? If so, please list _____

_____

_____

2. Is the person on any specific diet? Are there any foods that he/she shouldn't eat? _____

_____

_____

_____

3. Are there any foods that the person particularly likes? _____

_____

_____

4. Are there any foods that the person doesn't particularly like? _____

_____

5. Other: _____

_____

_____

Recreation Activities

1. List the toys (objects) the person likes to play with: _____

_____

_____

2. What types of things does the person like to do? _____

_____

_____

Recreation Activities continued

3. Are there certain things that frighten the person?_____

4. Does the person enjoy socializing with other people?_____

5. Where are the recreational items located?_____

6. Other:_____

Daily Living Skills

SPECIFY TYPE AND DEGREE OF ASSISTANCE REQUIRED IN EACH AREA.

1. Eating: Right-handed_____ Left-handed_____

2. Bathing: Prefers tub_____ shower_____ other_____
   Specify usual frequency and time for baths and shampoo.

3. Dressing:_____

4. Toileting:_____

5. Grooming (Shaving, hair and teeth care):_____

6. Bedtime routine:_____

Daily Living Skills continued

7. Communication skill: _____

_____

_____

8. Ambulation: _____

_____

_____

9. Other: _____

_____

_____

Daily Activities List

Please indicate how a typical day is spent:

6 - 7 a.m. _____

7 - 8 a.m. _____

8 - 9 a.m. _____

9 - 10 a.m. _____

10 - 11 a.m. _____

11 a.m.- Noon _____

Noon - 1 p.m. _____

1 - 2 p.m. _____

2 - 3 p.m. _____

3 - 4 p.m. _____

4 - 5 p.m. _____

5 - 6 p.m. _____

6 - 7 p.m. _____

7 - 8 p.m. _____

8 - 9 p.m. _____

9 - 10 p.m. _____

10 - 11 p.m. _____

11 p.m. - Midnight _____

(ALLOW ADDITIONAL SPACE TO PROVIDE OTHER INFORMATION)